

## **Application Data Sheet**

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Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 1731

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: CD

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PRESS DEVICE HAVING AN EXTENDED

PRESS NIP FOR PRESSING OF A TRAVELLING PAPERBOARD WEB, AND PROCEDURE FOR CONTROLLING THE PRESSURE CURVE IN THE MACHINE

**DIRECTION BY SUCH PRESS NIP** 

Attorney Docket Number:: 41274/206959

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity:: No

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority Type::

Primary Citizenship Country:: Swedish

Status:: Full Capacity

Inventor

Given Name:: Lars

Family Name:: Gustavsson

Name Suffix::

City of Residence:: Karlstad

State or Province of Residence::

Country of Residence:: Sweden

Street of mailing address:: Rosenbadsgatan 3A

City of mailing address:: Karlstad

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 652 26

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Erik

Family Name:: Brox

Name Suffix::

City of Residence:: Forshaga

State or Province of Residence::

Country of Residence:: Sweden

Street of mailing address:: Trollstigen 20

City of mailing address:: Forshaga

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 667 33

Applicant Authority	Туре::	Inventor				
Primary Citizenship Country::		US				
Status::		Full Capacity				
Given Name::						
Family Name::						
Name Suffix::						
City of Residence::						
State or Province of I	Residence::					
Country of Residence	e::	US				
Street of mailing add	ress::					
City of mailing addre	ess::					
State or Province of r	State or Province of mailing address::					
Country of mailing a	ddress::					
Postal or Zip Code of	f mailing address::					
Correspondence Inf	formation					
Correspondence Customer Number::		00826				
Representative Info	rmation					
Representative Customer Number::		00826				
<b>Domestic Priority In</b>	nformation					
Application::	Continuity Type::	Parent Application::	Parent Filing Date::			
This Application	Continuation of					
	Continuation of					
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## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	9904544-5	12/10/1999	YES
			YES

## **Assignee Information**

Assignee name:: Metso Paper Karlstad AB

Street of mailing address::

City of mailing address::

State or Province of mailing address:: Karlstad

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 651 15

(If there is more than one assignee, repeat information for each one.)

CLT01/4710917vl